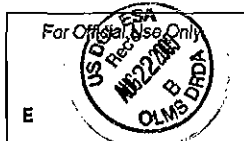


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>16051</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>Lawrence J Connelly</u> P.O. Box, Bldg., Room No., if any Street <u>23 Dayton Drive</u> City <u>Lake Luzerne</u> State <u>New York</u> ZIP Code + 4 <u>12846</u>	4. Name, file number, and address of labor organization. Name <u>Local 773 Plumbers &amp; Pipefitters</u> Labor Organization File Number <u>049572</u> P.O. Box, Building and Room Number, if any <u>P.O. Box 1396</u> Street <u>30 Bluebird Rd</u> City <u>South Glens Falls</u> State <u>New York</u> ZIP Code + 4 <u>12803-1396</u>
5. Position in labor organization. <u>Financial Secretary Treasurer</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State <u>New York</u> ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income.  7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>Lawrence J Connelly</u>	On <u>8/10/2005</u> Date	<u>518-792-9157</u> Telephone Number

Name of Person Filing <b>Lawrence Gonnelly</b>	File Number <b>U-</b>
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**B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.**

<b>8. Name and address of Business (including trade name, if any).</b>  Name <b>See Attached List</b>  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State <b>ZIP Code + 4</b>	<b>9. Business deals with:</b>  <div style="margin-left: 20px;"> <input type="checkbox"/> a. Labor Organization  <input checked="" type="checkbox"/> b. Trust  <input type="checkbox"/> c. Employer       </div>
<b>10. If 9.b. or 9.c. is checked give trust or employer's name.</b>  Name <b>Local 773 Annuity, H&amp;W &amp; Pension Funds</b>  Trade Name, if any:  P.O. Box, Bldg., Room No., if any <b>P.O.Box 1396</b>  Street <b>30 Bluebird Rd</b>  City <b>South Glens Falls</b>  State <b>New York</b> <b>ZIP Code + 4</b> <b>12803-1396</b>	<b>11.a. Nature of such dealing.</b> <b>Annual Investment Review Trustee Lunch meeting &amp; recreational outing.</b>  <b>11.b. Approximate dollar value of such dealing.</b> <span style="float: right;"><b>\$135</b></span>  <b>12.a. Nature of interest held or income received.</b> <b>8 Investment Managers contributed to the cost of the Fishing Outing and Lunch Meeting. \$135 is the approximate dollar value of the economic benefit received from all 8 managers collectively for Fishing. Each manager contributed less than \$25 per officer.</b>  <b>12.b. Amount.</b> <span style="float: right;"><b>\$135</b></span>

<b>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</b>	
<b>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</b>  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State <b>ZIP Code + 4</b>	<b>14.a. Nature of payment.</b>  <div style="border: 1px solid black; height: 100px; width: 100%;"></div>
<b>13.b. Is the Business an Employer</b> <input type="checkbox"/> <b>or Consultant</b> <input type="checkbox"/> <b>?</b>	<b>14.b. Amount of payment.</b>

# LOCAL 773 BENEFITS OFFICE

Northeastern New York District Council Pipefitters Welfare Fund  
Plumbers & Pipefitters Local 773 Annuity Plan  
Plumbers Local 773 Pension Fund  
30 Bluebird Road  
P. O. Box 1396  
South Glens Falls, NY 12803

LAWRENCE J. GONNELLY  
Fund Administrator

Phone: (518) 792-0586  
Fax: (518) 792-0732

Labor Organization: Local 773 Plumbers & Pipefitters  
Reporting Period: 01/01/2004 – 12/31/2004

## 8. Name and Address of Business; list

Company Name WEAVER BARKSDALE  
Mailing Address 10 CADILLAC DRIVE, SUITE 450  
BRENTWOOD TN 37027

Company Name RITTENHOUSE  
Mailing Address 2 RADNOR CORPORATE CNTR  
RADNOR PA 19087

Company Name MERIDIAN  
Mailing Address 20 CORPORATE WOODS BLVD, 4TH FLR  
ALBANY NY 12211

Company Name ALLEGIANCE  
Mailing Address 300 PACIFIC COAST HIGHWAY, SUITE 305  
HUNTINGTON BEACH CA 92648

Company Name LORD ABBOTT  
Mailing Address 90 HUDSON STREET  
JERSEY CITY NJ 07302-3973

Company Name PACIFIC INCOME  
Mailing Address 1299 OCEAN AVE  
SANTA MONICA CA 90401

Company Name NWQ  
Mailing Address 2049 CENTURY PARK EAST, 4TH FLR  
LOS ANGELES CA 90067

Company Name TCW  
Mailing Address 865 SOUTH FIGUEROA ST  
LOS ANGELES CA 90017